Department of Veteran	s Affairs						
AUTHORIZATIO	OT NC	REPORT - VOU	СН	ER FOR I	MILEAGE	ALLOWA	NCE
A '	UTHORIZ	ZATION TO REPORT			1. DA	TE ISSUED	
2. NAME, VA FILE NO., AND ADDR	RESS OF VETER	RAN			3. RE	PORT TO	
	NC	O.:					
•		•	1				
							AND RETURN
					4. RE	ASON FOR REPORTIN	
					5. NA	ME AND ADDRESS OF	ISSUING OFFICE
6. WHEN TO REPORT	TE: Please	see reverse for instructions.					
6. WHEN TO REPORT VETERAN WILL REPORT (Date)		DOCTOR WILL NOTIFY VETE	FRAN V	HFN TO REPORT	VETERAN WILL	CONTACT DOCTOR F	OR APPOINTMENT
7. REMARKS (Show "type" of travel authorized	d, serial No(s) c					OUNTAIN ELL	OK ALL SILLING
	,			,			
TOOLERNMENT EVDENSE			- AI	TO STATION DEDIC			
8. TRAVEL AT GOVERNMENT EXPENSE IS AUTHORIZED		AUTHORIZED	9. AU	JTHORIZATION PERIC	DD		
10. AUTHORIZED MILEAGE RATE	19 1101 ,	AUTHORIZED 11. MAXIMUM MEAL AND LODGIN	IG RATI	E	12. ESTIMATED COS	T OF TRAVEL	
	S PER MILE			24-HOUR PERIOD	\$		
13. AUTHORITY		14. FISCAL SYMBOLS			•	AUTHORIZING OFFICIA	.L
		<u> </u>					
VOUCHER	FOR MIL	EAGE ALLOWANCE			SUBVOUCHER NO.		
CI	AIM FOR RE	EIMBURSEMENT OF TRAVEL E	XPEN	SES - MILEAGE AI	LOWANCE BASIS		
FROM	Jun			MILES TRAVELED	AMOUNT CLAIMED	FERRY, BRIDGE,	TOTAL AMOUNT
				(Round trip)	AT AUTHORIZED MILEAGE RATE	ROAD, TUNNEL AND MEAL OR LODGING COSTS	CLAIMED
ТО			. !		_		
		AND RET	URN	<u> </u>	\$	\$	\$
I have not obtained meals, lodgings, or							
Government-owned conveyance or incur lodgings in connection with my authorize							
the uncompleted portion of my authorize	ed travel is to	be borne by the Department of	Vetera	ans Affairs, and I h	ereby claim mileago		
actual expenses for this trip as shown abo	ve. I certify	that this claim is correct and jus	t and u	hat payment nas no	ot been received.		
DATE	S	SIGNATURE OF VETERAN	l				
	STATEM	SENT DV VA OFFICIAL OF DES	CNEE	/ E Dagis Dhysis	' an Dandige)		
I CERTIFY that the veteran named	STATEMENT BY VA OFFICIAL OR DESIG			(or Fee Basis Physic IATURE AND TITLE	ian or Dentist)		
herein reported to this office for the purpose authorized on the date(s)							
shown.	<u> </u>						
		AUDIT BI					
AMOUNT DUE \$	DATE	ļ	REMA	ARKS			
VOUCHER AUDITOR			l				
VOOCHER AUDITOR		ļ	l				
ACKNOWLEDGEMENT OF RECEIPT OF CASH PAYMENT							
I hereby acknowledge receipt in cash of the amount stated as due, in full payment of claim stated above.							
DATE	SIGNATURE	OF PAYEE					
, J							ŗ

Department of Veteran	s Affairs								
		REPORT - VOU	СН	ER FOR I	MILEAGE	ALLOWA	NCE		
A	UTHORIZ	ZATION TO REPORT			1. DA	1. DATE ISSUED			
2. NAME, VA FILE NO., AND ADDF	RESS OF VETE	RAN			3. RE	PORT TO			
	Nr	O.:							
•		···	ı						
					4. RE	ASON FOR REPORTIN	AND RETURN		
						A00111 011 112 011111	O .		
					5. NA	ME AND ADDRESS OF	ISSUING OFFICE		
No	OTF: Please	see reverse for instructions.							
6. WHEN TO REPORT	JIE. I icuse	see reverse joi misiraciionis.			L				
VETERAN WILL REPORT (Date)		DOCTOR WILL NOTIFY VETE	ERAN V	VHEN TO REPORT	VETERAN WILI	. CONTACT DOCTOR F	OR APPOINTMENT		
7. REMARKS (Show "type" of travel authorized	l, serial No(s) ε	of Government request form(s), ticket	t(s), etc.	:.)					
8. TRAVEL AT GOVERNMENT EXPENSE			9 AL	JTHORIZATION PERI	OD.				
IS AUTHORIZED	□ IS NOT	AUTHORIZED	9. AC	JIHONIZATION I EM	<i>J</i> D				
10. AUTHORIZED MILEAGE RATE		11. MAXIMUM MEAL AND LODGIN	IG RATI	E	12. ESTIMATED COS	STIMATED COST OF TRAVEL			
CENTS	S PER MILE	\$	PER 2	24-HOUR PERIOD	\$				
13. AUTHORITY		14. FISCAL SYMBOLS			15. SIGNATURE OF AUTHORIZING OFFICIAL				
		<u> </u>			SUBVOUCHER NO.	SUBVOUCHER NO.			
		EAGE ALLOWANCE							
FROM	_AIM FOR RE	EIMBURSEMENT OF TRAVEL EX	XPENS	SES - MILEAGE A	AMOUNT CLAIMED	FERRY, BRIDGE,	TOTAL AMOUNT		
PROW			ļ	(Round trip)	AT AUTHORIZED MILEAGE RATE	ROAD, TUNNEL AND MEAL OR	CLAIMED		
то				1	MILEAGE RATE	LODGING COSTS			
AND RE			TURN		\$	\$	\$		
I have not obtained mode ledgings on	tuananantatia	on at Carramenant armanaa on th		the was of Covern	mant nagyasta tiali	ota on takanar and 1	anna mat waad amu		
I have not obtained meals, lodgings, or Government-owned conveyance or incur									
lodgings in connection with my authorize the uncompleted portion of my authorized	ed travel. I v	inderstand that no part of the act	tual an	nd direct expenses	for transportation, r	neals and lodgings i	n connection with		
actual expenses for this trip as shown abo						e allowance, fares, a	ind tons in neu or		
DATE									
5,	SI	IGNATURE OF VETERAN							
	STATEM	IENT BY VA OFFICIAL OR DESI	IGNEE	(or Fee Basis Physic	cian or Dentist)				
I CERTIFY that the veteran named	DATE(S) REF	PORTED	SIGN	NATURE AND TITLE					
herein reported to this office for the purpose authorized on the date(s)	l								
shown.									
AMOUNT DUE	DATE	AUDIT BI	REMA						
\$	DATE		KEIVIA	AKKS					
VOUCHER AUDITOR									
		ACKNOWLEDGEMENT OF REC	CEIPT	OF CASH PAYME	NT				
I hereby acknowledge receipt in cash of	the amount st	ated as due, in full payment of c	claim s	stated above.					
DATE	SIGNATURE	OF PAYEE							
	ı								

Department of Veteran	s Affairs							
		REPORT - VOU	СН	ER FOR I	MILEAGE	ALLOWA	NCE	
		ZATION TO REPORT				TE ISSUED		
2. NAME, VA FILE NO., AND ADDR					3. RE	PORT TO		
,		O.:				101110		
		 T						
							AND RETURN	
					4. RE	ASON FOR REPORTIN		
					5. NA	ME AND ADDRESS OF	ISSUING OFFICE	
NO	OTE: Please	see reverse for instructions.						
6. WHEN TO REPORT		D SOOTOR WILL NOTIFY VET			CTERANIA/III	2017107 200702	ARROINITMENIT	
VETERAN WILL REPORT (Date) 7. REMARKS (Show "type" of travel authorized	L serial No(s) c	of Government request form(s), ticket			VETERAN WILL	CONTACT DOCTOR F	OR APPOINTMENT	
1. KLIVIAINO (Show type of naveraumonica	, seim 110(0) v	J Government request joings, news	1(3), 0.0.	.)				
2 TRAVEL AT COVERNMENT EXPENSE			Γον	ITI IODIZATIONI DEDI	20			
8. TRAVEL AT GOVERNMENT EXPENSE IS AUTHORIZED	□ IS NOT	AUTHORIZED	9. AU	JTHORIZATION PERIO	טט			
10. AUTHORIZED MILEAGE RATE		11. MAXIMUM MEAL AND LODGIN	NG RATE	E	12. ESTIMATED COS	T OF TRAVEL		
	PER MILE		PER 2	24-HOUR PERIOD	 			
13. AUTHORITY	1	14. FISCAL SYMBOLS			15. SIGNATURE OF AUTHORIZING OFFICIAL			
VOUCHER	FOR MIL	EAGE ALLOWANCE			SUBVOUCHER NO.			
CI	AIM FOR RE	EIMBURSEMENT OF TRAVEL E	XPEN	SES - MILEAGE A	LOWANCE BASIS			
FROM	Aun . C	IMDONOLINE	J	MILES TRAVELED	AMOUNT CLAIMED AT AUTHORIZED	FERRY, BRIDGE, ROAD, TUNNEL	TOTAL AMOUNT CLAIMED	
				(Round trip)	MILEAGE RATE	AND MEAL OR LODGING COSTS	CLAIMED	
ТО	AND RET	TI IRN		\$	\$	\$		
There are alterined mode ladgings or	· · · · · · · · · · · · · · · · · · ·			d of Cover	•			
I have not obtained meals, lodgings, or Government-owned conveyance or incur	rred any expe	enses which may be presented a	as charg	ges against the Dep	partment of Veteran	s Affairs for transpo	ortation, meals, or	
lodgings in connection with my authoriz	ed travel. I u	understand that no part of the ac	ctual an	nd direct expenses	for transportation, r	neals and lodgings is	n connection with	
the uncompleted portion of my authorize actual expenses for this trip as shown about						e allowance, rares, a	nd tolls in lieu of	
DATE								
	51	IGNATURE OF VETERAN						
CEDITIEN diet des votemen nomed		ENT BY VA OFFICIAL OR DESI			ian or Dentist)			
herein reported to this office for the				NATURE AND TITLE				
purpose authorized on the date(s) shown.	ı	1						
		AUDIT B						
AMOUNT DUE \$	DATE		REMA	\RKS				
VOUCHER AUDITOR			•					
T1		ACKNOWLEDGEMENT OF RE			NT			
I hereby acknowledge receipt in cash of t	SIGNATURE		claim s	tated above.				
5/112	OIOIWITOILE	OI TAILE						

PRIVACY ACT NOTICE: The information requested on this form is solicited under Chapter 1, Title 38, United States Code, and will enable us to send you another authorization to report if you have indicated in Section III that you cannot report as scheduled, or to reimburse you for your travel expenses if you are submitting this form as a claim for reimbursement. Disclosure is voluntary. However, if the information is not furnished, we cannot reschedule your appointment or reimburse you for travel. The information will be used in your best interests and may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled.

SECTION I - GENERAL INSTRUCTIONS TO VETERAN

- a. Present this authorization when reporting for the purpose indicated on the other side of the form.
- b. If you cannot report on the date(s) indicated, please show (in Section III) the reason why you cannot report and state the future date on which you can report. Return this form to this office and DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION.
- c. If you have moved to a city or town other than the one shown, indicate (in Section III) your new address and whether it is permanent or temporary. Return this form to this office and DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION.

SECTION II - INSTRUCTIONS TO VETERAN WHEN AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE (See item 8 on other side of form)

- a. If you are authorized to travel at Government expense, you may:
 - (1) Pay your own necessary expenses of travel. You will then be reimbursed at the public transportation rate, or if public transportation is not available, the current mileage rate (see item 10) for the total mileage (round trip) plus cost of ferry fares and bridge, road, and tunnel tolls. This allowance is in place of all your expenses of travel (including cost of meals and lodging); or
 - (2) Pay your own expenses of travel and be repaid for your actual and necessary expenses. Such payment may not exceed the current maximum rate (see item 11) for three meals and one night's lodging for any 24-hour period plus cost of round trip by public transportation. You must furnish receipts for sleeping accommodations and for each additional item for expense of \$5; or
 - (3) If you do not wish to use your own money, return this authorization to this office. State in Section III the mode of public transportation you wish to use, the name of the transportation company, and the town or junction point from which you will start your trip. We will then send you a Government transportation request which you may present to the ticket office in exchange for a ticket. We will also send you any necessary meal and lodging requests. These should be shown to the waiter or hotel clerk before you order a meal or register at a hotel. You should return any unused transportation, meal, or lodging requests to this office.
- b. Your claim for reimbursement of travel expenses must be received within 30 days after completion of your travel. Failure to claim reimbursement within 30 days will result in forfeiture of your travel benefit.

SECTION III - THIS SPACE IS FOR USE OF VETERAN IN COMMUNICATING WITH THE ISSUING VA OFFICE